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## BIB DATA SHEET

CONFIRMATION NO. 9089

| SERIAL NUMBER                                                                                                                                                                                                                     | FILING or 371(c)<br>DATE                                                                                                                                                              | CLASS                                                       | GROUP ART UNIT                                               | ATTORNEY DOCKET<br>NO.          |                       |                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|---------------------------------|-----------------------|----------------------------|--|
| 10/718,997                                                                                                                                                                                                                        | 11/21/2003<br>RULE                                                                                                                                                                    | 436                                                         | 1641                                                         | KCX-691 (18379)                 |                       |                            |  |
| <b>APPLICANTS</b><br>Ning Wei, Roswell, GA;<br>Rameshbabu Boga, Roswell, GA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/05/2004 |                                                                                                                                                                                       |                                                             |                                                              |                                 |                       |                            |  |
| Foreign Priority claimed<br>35 USC 119(a-d) conditions met<br>Verified and<br>Acknowledged                                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>/JACQUELINE A<br>D/IRAMIO/<br>Examiner's Signature | <input type="checkbox"/> Met after<br>Allowance<br>Initials | STATE OR<br>COUNTRY<br>GA                                    | SHEETS<br>DRAWINGS<br>5         | TOTAL<br>CLAIMS<br>28 | INDEPENDENT<br>CLAIMS<br>3 |  |
| <b>ADDRESS</b><br>DORITY & MANNING, P.A.<br>POST OFFICE BOX 1449<br>GREENVILLE, SC 29602-1449<br>UNITED STATES                                                                                                                    |                                                                                                                                                                                       |                                                             |                                                              |                                 |                       |                            |  |
| <b>TITLE</b><br>Extension of the dynamic detection range of assay devices                                                                                                                                                         |                                                                                                                                                                                       |                                                             |                                                              |                                 |                       |                            |  |
| <b>FILING FEE<br/>RECEIVED</b><br>1044                                                                                                                                                                                            | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:                                                                     |                                                             | <input type="checkbox"/> All Fees                            |                                 |                       |                            |  |
|                                                                                                                                                                                                                                   |                                                                                                                                                                                       |                                                             | <input type="checkbox"/> 1.16 Fees (Filing)                  |                                 |                       |                            |  |
|                                                                                                                                                                                                                                   |                                                                                                                                                                                       |                                                             | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                                 |                       |                            |  |
|                                                                                                                                                                                                                                   |                                                                                                                                                                                       |                                                             | <input type="checkbox"/> 1.18 Fees (Issue)                   |                                 |                       |                            |  |
|                                                                                                                                                                                                                                   |                                                                                                                                                                                       |                                                             | <input type="checkbox"/> Other _____                         |                                 |                       |                            |  |
|                                                                                                                                                                                                                                   |                                                                                                                                                                                       |                                                             |                                                              | <input type="checkbox"/> Credit |                       |                            |  |